PTO/SB/06 (08-03)
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C	LAIMS AS FILED	tute for Form - PART I	P10-875	· · · · · ·	·	······································		0/603	2713
(Column 1)			(Column 2)		SMALL ENTITY		OF	OTH SMA	HER THAN ILL ENTITY
FOR NUMBER FILED BASIC FEE (37 CFR 1.16(a))		NU	NUMBER EXTRA		ATE	FEE	_	RATE	FEE
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20) = .		x s	=	<u> </u>	OR		<u> </u>
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus '3	1 = 1		× \$_	===-		OR		-
MULTIPLE DEPENDENT CL	AIMPRESENT (37 CFR 1.16(d))		+ \$_	=		OR	X \$=	+
If the difference in column 1 is less than zero, enter "0" in column 2.					TAL		OR	TOTAL	1
CLAIM	S AS AMENDED	– PART II							
	olumn 1)	(Column 2)	(Column 3)	sı	MALL EN	ITITY	∫ OR	OTHE SMALL	ER THAN L ENTITY
TNX/V/ RE	MAINING AFTER ENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RA	TE	ADDI- TIONAL	7	RATE	ADDI- TIONAL
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(37 CFR 1.16(b))	7 Minus	/	= /	x s	=		OR	× \$=	
FIRST PRESENTATION (OF MULTIPLE DEPENDEN	IT CLAIM (37 C	CFR 1.16(b))	+s_ TOTAL	=	/	OR	+ 5 =	
(Colu	µmn 1)	(Column 2)	(Catura a)	ADD'L I	EE L	 	OR	TOTAL ADD'L FEE	L
CL REM AF	AIMS AINING	HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATI		ADDI- IONAL FEE		RATE	ADDI- NONAL
Total (37 CFR 1.16(b)) AMEN (37 CFR 1.16(b))	Minus .	46	=	x s			OR	x \$_ =	FEE
(37 CFR 1.16(b))	7 Minus			x \$	=		OR	× s=	
FIRST PRESENTATION OF	MULTIPLE DEPENDENT	CLAIM (37 CF	R 1.16(d))	+ \$ TOTAL ADD'L FE	.= E	\vdash	OR OR	+ \$ = TOTAL ADD'L FEE	-
(Colui		(Column 2)	(Column 3)					L	_
REMA	INING FER PI DMENT	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TI	DDI- ONAL FEE		RATE	ADDI- TIONAL
Total (37 CFR 1.16(c)) Independent	Minus ***		=	x s	=		OR	x \$_ =	FEE
(37 CFR 1.16(b))			.=	x \$	=		l l	× \$=	
TINOT PRESENTATION OF				+ \$ TOTAL ADD'L FEE	=	_		+ \$=	
If the entry in column 1 is If the "Highest Number Po If the "Highest Number Pr The "Highest Number Pre collection of information is re-	reviously Paid For" IN T eviously Paid For" IN T	HIS SPACE is	less than 20, ent	er "20".	L			ADD'L FEE	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [**SMALL ENTITY** OR **TOTAL CLAIMS** FEE RATE RATE FEE FOR **BASIC FEE** NUMBER FILED **NUMBER EXTRA** 385.00 BASIC FEE 770.00 OR TOTAL CHARGEABLE CLAIMS -minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR **SMALL ENTITY** (Column 1) (Column 3) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL TIONAL RATE RATE AMENDMENT **AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR. Independent Minus X43 =X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-8 REMAINING NUMBER **PRESENT** TIONAL RATE RATE TIONAL AMENDMENT **AFTER** PREVIOUSLY **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-ပ REMAINING NUMBER **PRESENT** TIONAL AMENDMENT TIONAL RATE RATE **AFTER PREVIOUSLY EXTRA** AMENDMENT **PAID FOR** FEE FEE Total Minus •• X\$ 9≃ X\$18= OR Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR "If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number